

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/568565

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED      AFTER  
1<sup>ST</sup> AMENDMENT      AFTER  
2<sup>ND</sup> AMENDMENT

IND.      DEP.      IND.      DEP.      IND.      DEP.

1	1	1			
2		1			
3	2		1		
4			1		
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					

TOTAL IND.

↓  
28  
↓  
↓  
↓

TOTAL DEP.

↑  
8  
↑  
↑  
↑

TOTAL CLAIMS

10

AS FILED      AFTER  
1<sup>ST</sup> AMENDMENT      AFTER  
2<sup>ND</sup> AMENDMENT

IND.      DEP.      IND.      DEP.      IND.      DEP.

51					
52					
53					
54					
55					
56					
57					
58					
59					
60					
61					
62					
63					
64					
65					
66					
67					
68					
69					
70					
71					
72					
73					
74					
75					
76					
77					
78					
79					
80					
81					
82					
83					
84					
85					
86					
87					
88					
89					
90					
91					
92					
93					
94					
95					
96					
97					
98					
99					
100					

TOTAL IND.

↓  
↓  
↓  
↓  
↓

TOTAL DEP.

↑  
↑  
↑  
↑  
↑

TOTAL CLAIMS

↓  
↓  
↓  
↓  
↓

BEST AVAILABLE COPY